

# TEMPORARY LIEN RECORDING APPLICATION

## *VEHICLE SECTION*

YEAR	MAKE	BODYSTYLE	SERIES MODEL	VEHICLE IDENTIFICATION NUMBER	FUEL TYPE
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## *OWNER SECTION*

Owner 1 ID# \_\_\_\_\_  
Full Legal Name of Owner 1 (First, Middle, Last, Suffix) or Company Name

Owner 2 ID# \_\_\_\_\_  
Full Legal Name of Owner 2 (First, Middle, Last, Suffix) or Company Name

Residence Address (Individual) Business Address (Firm) \_\_\_\_\_

City and State \_\_\_\_\_ Zip Code \_\_\_\_\_ Tax County \_\_\_\_\_

Mail Address (if different from above) \_\_\_\_\_

<h3><i>LIEN SECTION</i></h3>	<h3><i>DISCLOSURE SECTION</i></h3>
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Date of Lien \_\_\_\_\_ **FIRST LIEN**

Maturity Date (MH) \_\_\_\_\_ Account # \_\_\_\_\_

Lienholder Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

All motor vehicle records maintained by the North Carolina Division of Motor Vehicles will remain closed for marketing and solicitation unless the block below is checked.

I (We) would like the personal information contained in this application to be available for disclosure.

**APPLICATION MUST BE SIGNED IN INK BY EACH OWNER OR AUTHORIZED REPRESENTATIVE OF FIRMS OR CORPORATIONS.**

I (we), the owner(s) of the vehicle described on this application certify that the information on the application is true and correct.

OWNER'S SIGNATURE \_\_\_\_\_

Date \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_

I certify that the following person(s) personally appeared before me this day, each acknowledging to me that he or she voluntarily signed the foregoing document for the purpose stated therein and in the capacity indicated: \_\_\_\_\_  
(name(s) of principal(s)).

Notary Signature _____	Notary Printed or Typed Name _____
(SEAL)	My Commission Expires _____

## *DEALER SECTION*

New Purchase Date \_\_\_\_\_

Used Previous NC Title Number \_\_\_\_\_

I certify that the above vehicle has been sold to the person(s) listed above. I further certify that the title for this vehicle is currently unavailable and this form is being filed to record the lien declared above. I understand that the notation of this lien will expire 60 days after the creation of the security interest, or upon perfection of the security interest with a title application and supporting documents.

Signature of Dealer or Agent: \_\_\_\_\_ Dealer# \_\_\_\_\_

Printed Firm Name \_\_\_\_\_

Date \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_

I certify that the following person(s) personally appeared before me this day, each acknowledging to me that he or she voluntarily signed the foregoing document for the purpose stated therein and in the capacity indicated: \_\_\_\_\_  
(name(s) of principal(s)).

Notary Signature _____	Notary Printed or Typed Name _____
(SEAL)	My Commission Expires _____